

## REPORT OF INSPECTION AND TEST

*This checklist/report is to serve only as a guide, for complete procedures & requirements refer to ASME A17.1 8.10/8.11*

Operator: \_\_\_\_\_ County: \_\_\_\_\_ Make: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs

Address: \_\_\_\_\_ Type: ☐ Passenger ☐ Freight ☐ Escalator ☐ Dumbwaiter  
☐ Conveyor ☐ Material Lift ☐ L.U.L.A. ☐ Other \_\_\_\_\_

Car Speeds fpm: \_\_\_\_\_ Empty Up: \_\_\_\_\_ Empty Down: \_\_\_\_\_ Rated Load Up: \_\_\_\_\_ Rated Load Down: \_\_\_\_\_  
Type Safety Tested: ☐ Type A ☐ Type B ☐ Type C ☐ Broken/Slack Rope ☐ Relief Valve ☐ Roped Hydraulic ☐ Other \_\_\_\_\_  
Type Inspection & Test: ☐ Acceptance ☐ Alteration ☐ 5-yr ☐ 3-yr ☐ 1-yr ☐ Construction use ☐ Other \_\_\_\_\_

### ONE YEAR INSPECTION & TEST OF HYDRAULIC ELEVATORS

Relief Valve Setting: \_\_\_\_\_ psi, No-Load Pressure: \_\_\_\_\_ psi, Working Pressure: \_\_\_\_\_ psi, Pressure Switch Tested? ☐ Yes ☐ No  
Relief Valve Sealed and Tagged? ☐ Yes ☐ No, Flexible Hose Tested? ☐ Yes ☐ No, Flexible Hose Replacement Date: \_\_\_\_\_/\_\_\_\_\_  
Was there any change in car position not accounted for by visible oil or temperature change during the 15 minute static test? ☐ Yes\* ☐ No  
*\*If yes, list repair(s) made to correct problem in the "Additional Comments" section at the bottom of this form*

### ONE YEAR INSPECTION & TEST OF ESCALATORS & MOVING WALKS

The following has been inspected/tested to determine compliance with all code requirements:

☐ General Fire Protection, ☐ Geometry, ☐ Handrails, ☐ Entrance/Egress, ☐ Lighting, ☐ Caution Signs, ☐ Combplates, ☐ Deck Barricade,  
☐ Skirt Panels, ☐ Steps/Treadways, ☐ Speed, ☐ Balustrades, ☐ Ceiling Intersect Guards, ☐ Outdoor Protection,  
All parts of Speed Governor have been inspected/tested to determine compliance with applicable Code requirements? ☐ Yes ☐ No  
Clearance between skirt and step has been inspected/tested to determine compliance with applicable Code requirements? ☐ Yes ☐ No.  
Skirt surfaces of escalators are made of or have been treated with a friction reducing material? ☐ Yes ☐ No.

### ONE YEAR INSPECTION & TEST OF ELECTRIC ELEVATORS

All working parts of car safeties have been inspected/tested to determine conformance with applicable Code requirements? ☐ Yes ☐ No.  
All working parts of overspeed governor have been inspected/tested to determine conformance with applicable Code requirements? ☐ Yes ☐ No.  
Car Buffer Type? ☐ Oil ☐ Spring, Counterweight Buffer Type? ☐ Oil ☐ Spring, Was the oil buffer level & plunger return tested? ☐ Yes ☐ No

### FIVE YEAR (full load) INSPECTION/TEST REQUIREMENTS

**(ACCEPTANCE INSPECTION/TEST REQUIREMENTS INCLUDE ONE YEAR & FIVE YEAR TESTS, COMPLETE THESE SECTIONS)**

Car Safeties tested by: ☐ Obtaining Slack in Lift Cables ☐ Overspeed of Car ☐ Tripping Governor at rated speed.  
Counterweight Safeties tested by: ☐ Obtaining Slack in Lift Cables ☐ Overspeed of Car ☐ Tripping governor at rated speed.  
Inertia application of type "A" safeties tested? ☐ Yes ☐ No, Car Governor trips@ \_\_\_\_\_ fpm, Counterweight Governor trips@ \_\_\_\_\_ fpm.  
Car Governor Overspeed Switch trips@ \_\_\_\_\_ fpm, Counterweight Governor Overspeed Switch trips@ \_\_\_\_\_ fpm.  
Governor Rope Pull Thru force@ \_\_\_\_\_ lbs, Releasing Carrier Pull Out force@ \_\_\_\_\_ lbs, Was 125% Brake Test Performed? ☐ Yes ☐ No  
Cable Leaving Safety Drum is @ \_\_\_\_\_ inches, Turns Remaining on Safety Drum is @ \_\_\_\_\_ inches with safeties set.  
Car slid \_\_\_\_\_ inches after safeties applied to rails (use an average of all four marks), Platform was out of level \_\_\_\_\_ inches, with safeties set.  
After Safeties were fully applied, did lift cables loose traction? ☐ Yes ☐ No, Were Car/Counterweight Buffers Tested? ☐ Yes ☐ No  
Did any damage occur as a result of this test? ☐ Yes\* ☐ No.  
**\*If yes, explain what damage occurred, the cause, and corrective action in the additional comments section below.**

Have all required seals & proper type tags been affixed in proper locations? ☐ Yes ☐ No, Winding Drum Machine Re-shackle date \_\_\_\_\_/\_\_\_\_\_  
Have all required **Operating & Safety devices** been inspected/tested to determine conformance with applicable Code requirements? ☐ Yes ☐ No  
Have all required **Seismic Protective devices** been inspected/tested to determine conformance with applicable Code requirements? ☐ Yes ☐ No  
**Firefighters' Service** has been inspected/tested to determine conformance with applicable Code requirements? ☐ Yes ☐ No  
**Standby Emergency Power** has been inspected/tested to determine conformance with applicable Code requirements? ☐ Yes ☐ No ☐ N/A  
Were any violations of Code requirements and or discrepancies found? ☐ Yes\* ☐ No, Were they corrected? ☐ Yes ☐ No\*.  
**\*(Violations found during this test must be corrected immediately, otherwise the test is invalid!)**

This Device meets all inspection and test requirements of ASME A17, and is in satisfactory operating condition? ☐ Yes ☐ No, failed test

Person Performing Test: \_\_\_\_\_ Company: \_\_\_\_\_ Test Date: Month \_\_\_\_\_/year \_\_\_\_\_

Additional  
Comments: \_\_\_\_\_